

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MH	2089	9/16
O.I.P.E. CLASSIFIER	M.H.	50	8-12-00
FORMALITY REVIEW	JW	1874	9-12-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/16/00
2	✓	✓	9/16/00
3	✓	✓	9/16/00
4	✓	✓	9/16/00
5	✓	✓	9/16/00
6	✓	✓	9/16/00
7	✓	✓	9/16/00
8	✓	✓	9/16/00
9	✓	✓	9/16/00
10	✓	✓	9/16/00
11	✓	✓	9/16/00
12	✓	✓	9/16/00
13	✓	✓	9/16/00
14	✓	✓	9/16/00
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45	✓	✓	9/16/00
46	✓	✓	9/16/00
47	✓	✓	9/16/00
48	✓	✓	9/16/00
49	✓	✓	9/16/00
50	✓	✓	9/16/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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